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ABSTRACT

This paper focuses on the preparation of personnel to provide services to developmentally at risk infants and young children. Efforts in preparing direct service personnel should specifically define the population of children to be served, emphasize interdisciplinary preparation while recognizing the importance of disciplinary preparation, have a major curricular focus on typical and atypical development in children from birth to age 5, and have a major curricular focus on the family. In the preparation of early intervention leadership professionals, the paper calls for statements of need to justify the preparation program, recognition of the importance of problem solving skills, recognition of various types of research and policy analysis, and the incorporation of clinical exposure. (JDD)

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# Some Perspectives on Preparing Personnel to Work with At Risk Children Birth to Five

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The passage of Public Law 99-457 has brought to the forefront a number of issues related to the preparation of personnel to provide services to infants and young children who are developmentally at risk. This paper addresses some of these issues by summarizing the discussions of an interdisciplinary group of professionals who came together at the Forum on Emerging Trends in Special Education and Implications for Training Personnel. The paper first addresses some general considerations for preparing early intervention personnel and then focuses more specifically on early intervention leadership personnel. The aim of this paper is to provide some perspective in development of early intervention personnel preparation programs.

## Defining the Issues and Identifying Alternative Solutions

The provisions of P.L. 99-457 require each state to define developmental disabilities and risk status in ways which establish eligibility for services. This means that states will likely employ different definitions and establish eligibility for services in a variety of ways. Consequently, different populations may be served in one state as opposed to another. This situation has obvious implications for personnel preparation. The definitions employed by a state must be reflected in their personnel preparation efforts. Thus, OSEP applicants must specifically define the populations for whom personnel are being prepared. These definitions should be in

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concert with those employed by the state in which the applicant is based and/or be consistent with current knowledge and theory. At the same time OSEP needs to guard against using language in announcing priorities that would be too narrow and thus would fail to encompass all definitions. It is necessary to be cautious about creating new labels such as "crack babies" or "AIDS babies" to refer to groups whose characteristics make them as heterogeneous and individually different as other groups of children.

Since the provisions of P.L. 99-457 call for the use of multidisciplinary teams in the formulation of Individualized Family Service Plans (IFSPs) and Individualized Educational Plans (IEPs), personnel preparation efforts for the birth-5 population should be directed at a variety of disciplines (e.g., special education, occupational therapy, speech/language therapy, nursing, audiology). At the same time these efforts must provide for the understanding of each discipline by the others. Furthermore, personnel preparation programs must emphasize case management, collaboration and networking skills. Mechanisms for fostering such skills and understanding can include team taught courses, curriculum which includes courses from several different disciplines, clinical and practicum exposure to sites that employ multi-, inter- or transdisciplinary teams, and courses in team function. To facilitate the development of these mechanisms, OSEP must be cognizant of the increased cost often associated with this type of training and must make provisions for it in their budgeting and planning process. Finally, it must be remembered that effective disciplinary training is an essential prerequisite for effective interdisciplinary preparation and that one is dependent on the other.

Another focus of personnel preparation efforts must be the establishment of a knowledge base on typical and atypical development for the birth-5 age range. This may include the development of specific skills and expertise directed at the infancy (birth-2) or preschool (3-5) levels. Such skills and expertise are seen as applicable to all disciplines involved in the provision of services to the birth-5 population.

Due to the increased emphasis on family involvement in P.L. 99-457, personnel preparation programs must include in their curricula information on identification of family needs and strengths; family systems and dynamics; and family services in their curricula. As with interdisciplinary training this may be accomplished through a combination of coursework and practicum experiences.

In summary, personnel preparation efforts related to serving the birth-5 population should:

1. specifically define the population of children to be served by the personnel being prepared;

2. emphasize interdisciplinary preparation while recognizing the importance of disciplinary preparation;

3. have a major curricular focus on typical and atypical development in children birth-5; and

4. have a major curricular focus on the family.

Issues in Leadership Preparation

Early intervention leadership professionals can fall into several categories, including clinical, administrative and policy, research, and university teaching personnel. All of these types of personnel are important and OSEP should support programs aimed at each of these categories. Equally important is the obligation of the individual preparation program to provide a clear statement of the need for any category of leadership personnel they intend to train. Such need statements are particularly important in justifying postdoctoral preparation.

Applicants should address issues of quality as part of the rationale for any program. In particular, applicants should demonstrate how they will develop problem solving skills in the leaders being prepared. It is recognized that the means by which problem solving skills are developed, for example, by a researcher may be different than the means by which these skills are developed by a clinician. More thought should be given to different types of degrees (e.g., Ed.D.s, Ph.D.s and even new clinical doctorates) and their relation to various leadership roles. Leadership preparation programs must recognize the importance of clinical research, qualitative research, and policy analysis as well as more traditional research approaches in the development of problem solving abilities and must tie the appropriate type of research experience to the category of personnel (e.g., college teacher or clinician) being prepared.

Leadership preparation programs should include clinical exposure, although it is recognized that this exposure may be quite different for the researcher than it is for the college teacher or policy analyst. Exposure to research is also important but within the context of the development of problem solving skills discussed above.

Implementation Obstacles, Barriers and Inhibitors and Strategies for Responding

Implementation of P.L. 99-457 will depend on the development of a new cadre of professionals who are equipped to provide services to children birth-5 who are disabled and at risk. To prepare these front line personnel more leadership personnel are needed who have the expertise to develop and implement personnel preparation programs. Many of these new leadership personnel will be university faculty and will be trained through existing

and developing doctoral training programs. However, other mechanisms for training leadership personnel must be developed.

While many present college faculty members have had extensive experience in preparing special education and related services personnel generally, they have not had experience in the preparation of personnel for the birth-5 population. Further, present facilities may lack the necessary expertise for preparing such personnel. While post doctoral training programs may alleviate this problem to some extent, other mechanisms are also needed to provide existing college faculty with this expertise more quickly.

One mechanism is to establish faculty exchange programs. These programs can allow college faculty to exchange positions with early intervention providers. These individuals could work as a team and begin to offer courses to students at the university while at the same time allowing the college faculty member to develop understanding, expertise and knowledge in the area of early intervention.

Another mechanism would be to develop faculty development seminars which could be offered during the summer or during semester break and could provide intensive preparation. The content of these seminars might focus on skills and knowledge in areas relevant to early intervention. These seminars could be developed by regional consortia, by individual universities with sufficient expertise in early intervention, by the National Early Childhood Technical Assistance System (NECTAS) or by other organizations with the necessary resources.

A university mentoring system also may provide a means for upgrading faculty expertise. Such a system might work by identifying a university that would provide technical assistance and mentoring to faculty in other universities in order to develop the necessary expertise in early intervention. For example, in a state where there is a single comprehensive state university where early intervention expertise is concentrated, this university could provide technical assistance and mentoring to faculty at the regional state universities where such expertise might not exist.

In summary, it has been suggested that early intervention leadership preparation programs:

1. clearly justify the need for a particular category of leadership preparation (e.g., policy analyst vs. clinician);

2. address ways of developing problem solving abilities in leadership personnel;

3. incorporate exposure to clinical programs in the doctoral curriculum which are appropriate to the role for which an individual is being prepared.

Further, it has been recommended that mechanisms be developed and funded by OSEP that can provide existing college faculty with the expertise needed to prepare front line personnel for early intervention programs.

Summary

The issues and suggestions offered here hopefully provide a point of departure for the development of personnel preparation programs for early intervention personnel. In no way is it suggested that these are all of the issues or even that the issues presented here are fully thought through or resolved. Merely, it is hoped that this brief presentation might be seen as a springboard for further discussion and as a basis for the identification and explication of other issues relating to the development of early intervention personnel.

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